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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) SINEMA, KYRSTEN, , ,										
	(b) Address (number and street) PO BOX 7586	☐ Check if address changed				2. Candidate's FEC Identification Number					
	(c) City, State, and ZIP Code					S8AZ00197 3. Is This No.	ew Amended				
	PHOENIX		AZ	Z 850′		Statement (N	4.4				
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate					
	DEMOCRATIC PARTY	Senate			AZ	00					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be f	iled with the ap	propriate off	ice listed in	he instructions.						
(a) Name of Committee (in full) SINEMA FOR ARIZONA											
	(b) Address (number and street) PO BOX 7586										
	(c) City, State, and ZIP Code										
	PHOENIX				AZ	85011					
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	T my princip	al campaign com	nmittee, to receive and ex	pend funds on behalf of my				
	NOTE: This designation should be f	iled with the pr	ncipal campa	aign commit	tee.						
(a) Name of Committee (in full) SINEMA KENNEDY VICTORY FUND											
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE	:									
	(c) City, State, and ZIP Code										
	WASHINGTON				DC	20003					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate					Date					
Sinema, Kyrsten, , ,		[Electronically Filed]			tronically Filed]	09/26/2019					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

ο.	candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) KENNEDY SINEMA VICTORY FUND									
	(b) Address (number and street) 2910 EAST GARY WAY									
	(c) City, State, and ZIP Code PHOENIX	AZ	85042							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									